

Volvulus and Strangulation of the Intestines.

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On this ground the following course of prevention was based by Dr. Warren.

All the patients confined to their beds were directed to be washed over the whole body daily with soap and water, and their bed-clothes to be ventilated daily if possible. Those who could leave the room, but remained in a delicate state of health, were ordered to the warm bath once in two or three days; and those who were in a state to bear it, were directed to the daily use of the shower bath.

Under this practice, in the course of fourteen days the disease entirely disappeared, and did not again show itself while this system was rigidly pursued.

VOLVULUS AND STRANGULATION OF THE INTESTINES.

By James M. Gordon, M.D., of Lawrenceville, Ga.

It is to be regretted that comparatively so few cases of mortality have a place assigned them in our medical journals, notwithstanding many of them might be productive of unusual interest. A large majority of physicians who write, very naturally, entertain a predilection to report those cases only which have terminated in *remarkable cures*, or at least successful issues; to the utter exclusion of those of an opposite character, however advantageous to the medical profession. The following case, although it may avail but little practically, may not prove wholly unacceptable to the pathologist.

D. P. C., of Gwinnett county, æt. 35, a respectable planter, and a man of uncommon strength and vigorous health, was attacked on the 18th of May last with the most excruciating pains in the abdomen, which were attended with obstinate constipation of the bowels. As he was supposed to be laboring under an attack of colic, various domestic remedies were administered without effecting the slightest abatement of pain, or relief to the confined bowels. A Thomsonian physician of the neighborhood was requested to see him, and who had charge of the case for the subsequent week, but without affording any relief. My partner, Dr. Russell, and myself, were then requested to visit him, and found him the subject of most violent paroxysms of pain in the abdomen, with partial remissions of comparative ease. The skin was cool, tongue coated with a dark brown fur, pulse nearly natural, bowels constipated. Upon further examination it was discovered that considerable pain and tenderness were evinced from pressure upon the lower dorsal and lumbar vertebræ. Local revulsives were freely applied to the spinal column; opiates and antispasmodics were then administered, which had the effect to allay all pain. An active cathartic was now retained till about the time catharsis should have been produced, when the pain returned with its full force of intensity. Laxative enemata were given in such quantity as to distend the whole colon, but all to no purpose, the stricture not being removed. The pain soon gave place to a death-like sickness at the stomach, pallid countenance, cold extremities, surface bedewed with a cold clammy

perspiration, followed by vomiting of an abundance of stercoraceous matter very offensive to the smell. The most energetic means were adopted for his relief—yet nevertheless without averting the fatal result of this unfortunate case. For the few last days such remedies were used as were best calculated to allay pain and support the sinking powers of nature. He continued to grow worse, and expired in the most intense agony at 8 o'clock, P. M., of June 1st, thirteen days after the attack.

Post-mortem appearances twelve hours after death. On opening the abdomen the ileum exhibited a dark red (almost black) appearance, which extended through all of its coats, and also to the mesentery. Upon examination it was ascertained that an *introsusception* of about an inch and a half in length existed about four inches above the termination of the ileum. So firmly had the coats of the intestine become agglutinated that they presented the appearance of a fleshy tumor, blocking up its entire calibre. It was also observed that the ileum had made a complete revolution upon itself, with the peritoneum as an axis, so as to strangulate a knuckle of intestine five inches in length. The first point of strangulation was immediately above the introsusception, and the second twelve inches above the last. They were twisted around each other so as to form a *knot* which was with difficulty relieved after the morbid specimen had been removed from the body. The incarcerated noose of intestine presented an almost black color, and was greatly distended with gas. About twenty inches of intestine were involved in the congestion. The points where the intestine passed around itself were of a dull white color, presenting a striking contrast with the surrounding parts.

Remarks.—The above case presents several interesting peculiarities:—*First*, the complicated nature of the disease; *secondly*, its length of duration; *thirdly*, the attendant symptoms. So far as our information at present extends, we believe there has been no case in which introsusception complicated with a *linking* of the intestine so as to produce an additional cause of strangulation has been recorded, although instances of either of the obstructions separately are upon record. The most remarkable circumstance in relation to the case is the great length to which it was protracted, and in our mind it can be accounted for in but one way, and that is by the supposition that the introsusception was the *original* obstruction, and the knotting of the intestine a *secondary* lesion, and a consequence of the great increase of peristaltic motion of the intestines produced by the active cathartic medicines administered, or otherwise by the violent commotion of the contents of the abdomen in the efforts at vomiting. A pretty conclusive evidence of the fact, that the introsusception must have existed from the attack, is the firmness with which adhesion existed between the intestinal folds—so perfect that the different layers could be but very indirectly traced. It is but reasonable to suppose that the introsuscepted portion was not entirely deprived of circulation, or the process of gangrene and sloughing, which was slowly progressing, must have advanced more rapidly. On the contrary, the knot was so firmly made as to exclude all circulation, and the noose of strangulated intestine actually in a state of incipient gangrene, which could

have only existed for the space of a few days, otherwise death must have ensued at a much earlier period. A remarkable fact in regard to the symptoms is, that there was no vomiting (except after a cathartic had been administered) throughout the course of the disease. Had not the secondary lesion supervened, it is not impossible but there would have been sloughing and a discharge per anum of the invaginated portion of intestine, and a spontaneous yet complete cure.—*Southern Med. Jour.*

ON THE VALUE OF VACCINATION AND RE-VACCINATION.

IN 1842, the Academy of Sciences offered a prize for the best treatise on the above subject. Thirty-five candidates responded to the call, and the perusal of their labors has proved so laborious an undertaking, that it is only very lately that M. Serres has been able to present a report to the Academy, in the name of the committee appointed to decide on the comparative merit of the essays. M. Serres's report is a remarkable document, and is also important from its conclusions having been adopted by the Academy after mature deliberation. We extract the following data from this report:—

“Vaccination preserves the human species from variola, but its preservative power is not absolute. Variola itself, either spontaneous, or produced by inoculation, does not preserve absolutely from future attacks, therefore it is not extraordinary that vaccination should not. Thus, Mead mentions having seen three variolous eruptions take place successively on the same woman; the son of Forestus was twice attacked with variola, and Delhaen states that one of his patients was attacked six times by variola with impunity, but died of a seventh invasion of the disease. Although, however, vaccination is *sometimes* powerless to preserve us from variola, it *always* diminishes the gravity of the malady. This property, which Jenner and his first successors did not even suspect, is thoroughly proved by the various facts which have been recently accumulated. In one of the most terrible epidemics of variola that has taken place in Europe since the discovery of vaccination—that of Marseilles, in 1828—more than 10,000 persons were attacked. Of these, 2000 only had been vaccinated, and of that number 45 only died; whereas 1,500 of the 8000 who had not been vaccinated, were carried off by the pestilence.

“Vaccine matter evidently loses part of its efficacy in passing from arm to arm; it is therefore desirable to renew it as often as possible. A remarkable fact mentioned by one of the competitors, supplies us with a means of renewing it, as it were, at will. A cow was vaccinated with matter taken from a child. Not only did the pustules rise, but they were communicated to other cows, so that the cowpox was observed nearly in its natural state. The pustules were identical in both cases.

“The propriety of re-vaccination is now fully established. In Germany, the various governments have been induced to pay great attention to re-vaccination, owing to the circumstance of epidemics of variola hav-